

- Potential presence of learning disability or problems with school performance.

The following areas should be used for assessments of adolescents:

- Potential presence of learning disabilities or problems with school.
- Peer relations.
- Psychological/psychiatric problems.
- Vocational skills.

### **HK-203.52 OBJECTIVE DEVELOPMENTAL SCREENING AND EVALUATION TOOLS**

Providers are encouraged to follow the best practice of periodically using an objective developmental screening tool. Screening tools state their norms explicitly and can help to effectively monitor and record a child's development and detect developmental delays and disabilities early. Screening tools also serve as a reminder to providers to observe development and clearly communicate their interest in development as well as the physical health of the child.

An objective screening tool, approved by the Department, may be used to evaluate levels of:

- Social - emotional development
- Fine motor - adaptive development
- Language development
- Gross motor development

Objective developmental testing (limited or extended) must meet the definition provided by the American Medical Association's Current Procedural Terminology (CPT) and must be provided according to the guidelines provided for the instrument, including use of the instrument form, as applicable. If a parent or caregiver checklist is the screening instrument, the provider must interpret, document, and report the findings in the medical record in order to bill for the objective testing. For purposes of this Handbook, these testing instruments that are "limited" are referred to as **screening** tools. Those that are "extended" are referred to as **evaluation** tools.

### **HK-203.53 DEVELOPMENTAL SCREENING TOOLS**

Screening tools for developmental testing; limited, with interpretation and report, CPT code 96110, approved by the Department include:

- Ages & Stages Questionnaires (ASQ)
- Ages & Stages Questionnaires: Social-Emotional (ASQ: SE)
- Battelle Developmental Screener
- Bayley Infant Neurodevelopment Screener
- Brief Infant Toddler Social and Emotional Assessment (BITSEA)
- Brigance Early Preschool
- Chicago Early Developmental Screening Inventory
- Denver DST/Denver II

- Developmental Profile II
  - Dial-R Developmental Assessment
  - Early Language Milestone Scales Screen
  - Early Screening Inventory
  - Early Screening Profiles
  - Infant-Toddler Symptom Checklist
  - Minneapolis Preschool Screening Instrument
  - Parent's Evaluation of Development (PEDS)
  - Project Memphis DST
  - Revised Developmental Screening Inventory
  - Revised Parent Developmental Questionnaire
  - Temperament and Atypical Behavior Scale (TABS) Screener
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### **HK-203.54 DEVELOPMENTAL EVALUATION TOOLS**

Developmental evaluation is performed when results of screening indicate a more detailed evaluation is needed or when high risk conditions (e.g. prematurity) are present. Additionally, periodic objective screening is recommended for children under age six. Evaluation tools which are defined in the CPT as developmental testing; extended, with interpretation and report,(e.g., includes assessment of motor, language, social adaptive or cognitive functioning by standardized developmental instrument), CPT code 96111, that have been approved by the Department include:

- Battelle Developmental Inventory
- Bayley Scales of Infant Development
- Child Behavior Checklist 2-3 and Caregiver-Teacher Report Form, Ages 2-5
- Child Development Inventory
- Conners' Rating Scales
- Early Coping Inventory
- Erhardt Development Prehension Assessment
- Hawaii Early Learning Profile
- Infant-Toddler Developmental Assessment
- Infant-Toddler Social and Emotional Assessment (ITSEA)
- McCarthy Screening Test
- Otis-Lenon School Ability Test
- Piers-Harris Children's Self Concept Scale
- Temperament and Atypical Behavior Scale (TABS) Assessment Tool
- Vineland Adaptive Behavior Scales
- Vineland Social-Emotional Early Childhood Scales
- Vineland Social Maturity Scale

Reimbursement: In order to be reimbursed for using a screening or evaluation tool, providers must bill under the proper CPT code (see Topic HK-202.1 and Appendix 8 for billing procedures) and maintain the tool results in the child's medical file for auditing purposes.

Pure-tone audiometers utilized for identification audiometry must undergo an electro-acoustic coupler calibration check a minimum of once per calendar year.

#### Method and Criteria for Referral:

A referral for medical or audiological evaluation is recommended after the child has failed a rescreening AND after the child has met referral criteria based on a threshold test. It is not recommended that a child be referred solely on the basis of a screening or rescreening test. Rescreening procedures are identical to the initial screening and should be conducted following a 10-14 day delay.

Procedures for screening, rescreening and threshold testing are presented in the hearing screening training classes offered by IDPH.

### **HK-203.7 DENTAL SCREENING**

- = At age two, it is recommended that children be referred to a dentist for routine and periodic preventive dental care. The Department encourages parents or guardians to obtain for their child(ren) one clinical oral examination and topical fluoride treatment per year, and routine prophylaxis once every six months.

An oral screening is part of the physical examination but does not replace referral to a dentist. For children under age one, the dental screening is to identify children who require evaluation by a dentist. Dental screening for children under age one may be provided as part of the physical examination. The following conditions will be cause for referral to a dentist:

- Any developmental abnormalities of the oral cavity
- Evidence of infection
- Bleeding or inflammation of the gums
- Dental decay
- Early childhood caries

Dental services include services for relief of pain and infections, restoration of teeth, dental sealants, prophylaxis, fluoride supplementation and maintenance of dental health including instruction in self-care oral hygiene procedures. Dental care for children is NOT limited to emergency services. For assistance in finding a dentist for referral, contact:

Doral Dental of Illinois  
1-888-281-2076 (provider service)  
1-888-286-2447 (customer service for clients and referrals)

### HK-203.8 RISK ASSESSMENT

During a well-child health examination, youth who show signs or symptoms of mental or emotional problems, or indicate signs of substance abuse, should be screened using the *Mental Health Screening Instrument* or *Substance Abuse Screening Instrument*. The *Experience Questionnaire (EQ)* is another tool that may be used to identify the need for referral to substance abuse treatment and may be obtained from the:

Illinois Department of Human Services, Office of Substance Abuse  
1-866-213-0548

- = Additionally, the department recognizes the American Medicaid Association's Guidelines for Adolescent Preventive Services (GAPS) as an approved health risk assessment instrument. Reimbursement will be available for completion of either the Younger Adolescent Questionnaire or the Middle-Older Adolescent Questionnaire.

Parent(s) who indicate the need for mental health or substance abuse treatment services for themselves or their family members may also be referred. Coverage for services extends to eligible participants in the Department's Medical Programs.

- = The *Mental Health Screening Instrument* is found in Appendix 3. The *Substance Abuse Screening Instrument* is found in Appendix 4. The *GAPS questionnaire*, as well as the *GAPS Recommendations Monograph*, is available on the AMA's Web site at <[www.ama-assn.org](http://www.ama-assn.org)>. For information regarding smoking cessation, refer to Topic HK-203.91.
- = Providers performing the administration and interpretation of a health risk assessment instrument (CPT code 99420), other than those instruments specifically identified in this Healthy Kids Handbook, should request Department's approval for recognition of the instrument (refer to Topic HK- 203.54).

### HK-203.9 ANTICIPATORY GUIDANCE

Health education is a required component of every well-child screening. It includes anticipatory guidance and is not a separate billable service. Health education provided to both parents or guardians and children is designed to assist them to understand what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention. Observation of parent or guardian and child interaction assists providers in identification of strengths, issues and potential risk factors which need to be taken into consideration for anticipatory guidance.

The recommended minimum topics to be covered by the provider's anticipatory guidance are listed in Appendix 1.

**HK-203.91 SMOKING CESSATION**

The Department began covering smoking cessation pharmaceuticals for Medical Assistance and KidCare participants effective January 1, 2000. The products covered include Nicotrol (tablets, inhalers, and nasal spray), Nicorette gum, Nicoderm CQ, and Zyban. The 'over-the-counter' equivalents of these products are also covered. The Department does not cover smoking cessation techniques such as hypnosis, acupuncture, herbal remedies, ear clips, or any other smoking cessation technique that does not fit a medical model.

To all providers: Smoking cessation information provided to children and adolescents or parent(s) and guardian(s) who smoke is recommended as part of anticipatory guidance. Anticipatory guidance is considered to be included in the office visit fee, refer to Appendix 1.

For more information regarding Smoking Cessation programs in your area, contact the local health department or call the toll free number:

1-866-QUIT YES (1-866-784-8937)

To MCO's: MCO's must cover these products for enrollees in a manner that is no more restrictive than this coverage under the fee-for-service program.

**HK-203.10 OTHER SERVICES**

Coverage is provided for other necessary health care, diagnostic services, treatment and other measures described in Section 1905(a) of the Act, to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services, including treatment for "preexisting" conditions. The medical services that are covered under EPSDT are identified in Chapter 100, Topic 103.1.

Prior approval may be required for some of the covered items or services. Services or items requiring prior approval are identified in Chapter 200 of the handbook that pertains to that type of service. Most physical, occupational and speech therapies do not require prior authorization for children and youth under age 21.